

Montana Perinatal Hepatitis B Prevention Program

Coordinator phone: 444-1805 Fax: 444-2920

Perinatal Hepatitis B Forms for Local Health Departments Overview

Page 1-Montana DPHHS Communicable Disease Case Report Form

• Complete form on all **HBsAg positive** pregnant women within 7 days of notification and return to Perinatal Hepatitis B Program Coordinator (PHBPC) at fax number 444-2920.

Page 2-Perinatal Hepatitis B Prevention Program Primary Report

• Complete the top 2 sections of the form and fax to the PHBPC as soon as you have the information. The bottom section is to assist with your case management.

Page 3-Contact Investigation Line List Form

• Investigation of household, sexual and needle sharing contacts should begin as soon as the case is identified and may include education, testing and immunization of susceptible contacts. Complete this form before the birth of the infant and fax to the PHBPC.

Page 4-Hospital/Birth Facility Report Form

- Deliver this form to the birth facility and document date on the Primary Report form.
- Confirm HBIG delivery to the birth facility (document date they received on the Primary Report form)
- If you have not received the completed form near the anticipated delivery date you will need to contact the birthing hospital regarding patient status.
- Fax completed form to the PHBPC once received back from the birth facility.

Page 5- Infant Report Form

- Complete the known information at the top of the form and forward a copy to the infant's primary care provider.
- Request the infant's primary care provider fax this form back to you after each dose of vaccine and you will forward a copy of the fax to the PHBPC.
- When you receive the final lab results fax the completed form to the PHBPC to review and close the case.



Montana Perinatal Hepatitis B Prevention Program

Coordinator phone: 444-1805

Fax: 444-2920